ARIZONA FORM **QQT** 

## **Arizona Exempt Organization Business Income Tax Return**

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991				h a alamba a	For calendar ye		_		10		CHECI		
				year beginning, 19, and ending, 19  Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079					Original Amended CHECK ONE				
			<i>Mail to:</i> Ariz							Calendar year Fiscal year			
Business telep	ness telephone number Please Name					Federal employer ID number							
Unrelated business activity codes		ity codes	print or type	Number and stre	et					AZ w	ithholding ta	x number	
				City or town, stat	e and ZIP code					AZ tra	ansaction pri	vilege tax	number
Check box if	f: 🗆	This is	a first retu	rn 🗌 Nam	e change	ess change			For DO	R use o	only		
Information				oegan									
B Date of letter grantin C Nature of business i				emption from Arizona income tax									
				orm 99? Yes No			88						
				990T Other, specify									
	Encl	ose copy	y of federal	form with this r	eturn.			81			66		
Apportionm Formula - for organiz				Limited to Un or Busines			Total	(a) Within Arizona	(b) Total Every	where	1	(c) Within Aria (a) / (b)	zona
deriving inco					tangible personal proper	-							
from source. within and w			-		pensation of employees and allowances								
				•				X 2			_		
			Sales factor ratio. For column (a), multiply line III(a) by line III(b);										
			olumn (b) enter the amount on line III(a)										
					lumn (c) by four. Enter th								
Tax		1 Unre	lated trade	or business taxa	ole income - from federal	Form 990T					1		00
Computation 2 Apportionm				ratio					rizono)				
					come, or \$50, whichever i						3 4		00
Payments         5 Ta           6 Es         7 To		5 Tax	paid when f	iling Arizona Forr	n 120EXT - attach copy			5		00	7		
				payments made with Arizona Form 120ES									
				ax due - If line 4 is larger than line 7, enter balance of tax due, skip line 9							8		00
				of tax - If line 7 is larger than line 4, enter overpayment of tax							9		00
Refund or 11 Estimated to Tax Due 12 TOTAL AM		ilty and inte	terest							10		00	
			Inderpayment penalty and interest. If Form 220 is attached, check box							11		00	
				•	, ,		, ,			12		00	
See Instruct					your 1997 estimated tax					00	13		00
				• • •	line 14 from line 13						15		00
											Ext. Code	82	
Certification Please Sign here	is a tr	ue, correc			examined this return, includi good faith, for the taxable ye:	ar stated purs		the income tax la					lief, it
Paid	Signature	of officer			Da	ate		Title					
raid Preparer's	-												
Jse Only	Preparer'	s signature				Date	e		ı				
Firm's name	me (or prep	parer's, if self-e	employed)					Prepare	er's TIN			_	
	dress							ZIP cod	ρ.				